

GPRA+ FY03 Software Update
Indicator List and Definitions, as of May 19, 2003

(please note key changes to Diabetes Denominator definition in several indicators below)

Population Definitions

1. GPRA User Population:

- Indian/Alaskan Natives Only – based on Classification of 01 – Indian/Alaskan Native.
- Must reside in a community specified in the community taxonomy specified by the user
- Must be alive during the entire time frame.
- Must have been seen in the 3 years prior to the end of the time period

2. Active Clinical Population: (instead of the 4th bullet above)

- Must have two visits to medical clinics (e.g., not dental, ophthalmology or similar non-medical) in the past three years. (See GPRA+ FY03 User Manual for detailed list of eligible clinics.)

Reports

1. Local: will display BOTH GPRA User Population and Active Clinical Population denominators; will display all numerators, including any breakdowns by gender and age where defined.

Patient lists (all, by provider, or random) can be generated to display who did or did not meet the indicator criteria.

2. GPRA: will display GPRA User Population denominator and any numerator specifically defined in the GPRA Performance Plan.
3. Area Annual Performance: will display Active Clinical Population denominator and most numerators.

Indicator Definitions

FY02 #	FY03 #	Indicator Name	General Definition
1A & B	1	Diabetes Prevalence	Same as FY02. Numerator 1: anyone diagnosed with diabetes (POV 250.00-250.93) ever. Numerator 2: anyone diagnosed with diabetes in the year prior to the end of the Report period. Patient List: all patients diagnosed with Diabetes

FY02 #	FY03 #	Indicator Name	General Definition
2A-C	2	Diabetes: Glycemic Control	<p>Minor changes from FY02 numerators. Four denominators; key denominator for all reports is <u>Denominator #3: Active Adult Diabetic patients, defined as <u>all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u></u></p> <p>Numerators: 1) HgbA1C documented in past year; 2) HgbA1C ≤ 7 or mean of last 3 glucose values ≤ 150; 3) HgbA1C $>$ (greater than) 9.5 or mean of last 3 glucose values $\Rightarrow 225$; 4) undetermined HgbA1C.</p> <p>Patient List: all patients diagnosed with Diabetes, with date and value of HgbA1C or Glucose, if any.</p>
3A-C	3	Diabetes: Blood Pressure Control	<p>Minor changes from FY02 to Numerators 1 and 2. Four denominators (see Indicator #2 above).</p> <p>Numerators: 1) Controlled BP, $\leq 130/80$; 2) Not controlled; 3) Undetermined BP, less than 2 non ER BPs documented in past year.</p> <p>Patient List: all patients diagnosed with Diabetes, with mean BP value if any.</p>
4A-C	4	Diabetes: Dyslipidemia Assessment	<p>Minor changes from FY02, reduce numerators to three total. Four denominators (see Indicator #2 above).</p> <p>Numerators: 1) evidence of having a Lipid Profile OR having an LDL and HDL and TG (all three), regardless of result; 2) patients with LDL completed, regardless of result; 3) patients with LDL ≤ 100.</p> <p>Patient List: all patients diagnosed with Diabetes, with date of tests and LDL value, if any.</p>
5A-C	5	Diabetes: Nephropathy Assessment	<p>Same as FY02. Four denominators (see Indicator #2 above).</p> <p>Numerator: Microalbuminuria test, regardless of result, OR a positive urine protein test done in past year.</p> <p>Patient List: all patients diagnosed with Diabetes, with date of tests and value, if any.</p>
D	6	Diabetic Retinopathy	<p>Four denominators (see Indicator #2 above).</p> <p>Numerator: Patients receiving retinal screening in the year prior to the end of the Report period, defined as: Non-DNKA visits to ophthalmology, optometry, or tele-ophthalmology, retinal screening clinics, and visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: V Exam 03; clinic codes 17, 18, 64, A2; provider codes 24, 79, 08; CPT 92250; V CPT 92002, 92004, 92250, 92012, 92014, 92015</p> <p>Patient List: all patients diagnosed with Diabetes, with date of screening and code, if any.</p>

FY02 #	FY03 #	Indicator Name	General Definition
6B	7	Women's Health: Pap Smear Rates	Change in age range for denominator from FY02. Females ages 18 through 64, excluding documented history of hysterectomy. Numerator: patients with documented pap smear or refusal in past three years; also breaks out refusals separately. Patient List: all patients in the denominator, with date and code of test, if any.
7	8	Women's Health: Mammogram Rates	Change in age range for denominator from FY02. Females ages 50 through 69, excluding documented bilateral mastectomy. Numerator: patients with documented mammogram or refusal in past two years; also breaks out refusals separately. Patient List: patients in the denominator, with date and code of procedure, if any.
12	13	Oral Health – Access to Dental Service	Change from FY02, add ADA code to numerator. GPRA User Population denominator only. Numerator: patients with dental ADA code 0000 or 0190 in the previous year. Patient List: patients with documented dental visit only, with date and code.
13	14	Oral Health – Dental Sealants	Count only (no percentage comparison to denominator). Total number of dental sealants (code 1351) during previous year. Age breakouts: <12; 12-18; >18. Patient List: patients who had sealants and the number of sealants received
14	15	Oral Health – Improve Oral Health Status of patients with Diabetes.	Change from FY02, add ADA code to numerator. Denominator: Active Diabetic patients, defined as <u>all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u> Numerator: patients with dental ADA code 0000 or 0190 in the previous year. Patient List: all diabetic patients, with date of dental visit and code, if any.
22	23	Public Health Nursing	Same as FY02, but no top diagnoses included. Denominators are broken down into: neonates (0-28 days); infants (1-12 months); 1-64 years; elder (>64). Numerators: 1) Number of patients served by PHNs (provider codes 13 or 32); 2) number of patients served by PHNs in Home (user defined) setting; 3) number of visits in any setting; 4) number of visits in Home (user defined) setting Patient List: any patient who received any PHN visit.

FY02 #	FY03 #	Indicator Name	General Definition
24	25	Adult Immunizations: Influenza	<p>Separate FY02 indicator #24 into two indicators. Age changes to Denominators. Denominator 1: patients 50 or older; broken out into 50-64, and >64 (for GPRA report, will report >64 only). Denominator 2: Active Adult-Diabetic patients, defined as <u>all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u></p> <p>Numerator: patients with influenza vaccine documented in past year. Immunization code 88; POV V04.8 or V06.6; CPT 90657-90660; ICD procedure 99.52</p> <p>Patient List: patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.</p>
24	26	Adult Immunizations: Pneumococcal	<p>Separate FY02 indicator #24 into two indicators. Age changes to Denominators. Denominator 1: patients 65 or older. Denominator 2: Active Adult-Diabetic patients, defined as <u>all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u></p> <p>Numerator: patients with pneumovax documented in past year. Immunization code 33, 100 or 19; POV V06.06 or V03.82; CPT 90732</p> <p>Patient List: patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.</p>
	30-1	Cardiovascular Disease Prevention: Lipids Assessment	<p>New indicator. Denominator 1: patients ages 45 and older who are not diabetic. Denominator 2: Active diabetic patients ages 45 and older, <u>defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u> Broken down by gender.</p> <p>Numerators: 1) evidence of having a Lipid Profile OR having an LDL and HDL and TG (all three), regardless of result; 2) patients with LDL <= 100; 3) patients with LDL 101-130; 4) patients with LDL 131-160; 5) patients with LDL >160.</p> <p>Patient List: patients ages 45 or older, with date of relevant tests and LDL value, if any.</p>

FY02 #	FY03 #	Indicator Name	General Definition
	30-2	Cardiovascular Disease Prevention: Hypertension Levels	<p>New indicator. Denominator 1: patients ages 45 and older who are not diabetic. Denominator 2: <u>Active</u> diabetic patients ages 45 and older, <u>defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u> Broken down by gender.</p> <p>Numerators: 1) patients with optimal BP, $\leq 130/80$; 2) controlled BP, $>130/80$ and $\leq 139/90$; 3) uncontrolled BP, $>139/90$ and $\leq 159/100$; 4) severe uncontrolled BP, $>159/100$; and 5) undetermined BP.</p> <p>Uses the last 2 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Report period. If there are less than 2 BP, the patient will be categorized as undetermined.</p> <p>If the systolic and diastolic values do not BOTH meet one of the four categories listed above, then the value that is <u>least</u> controlled determines the category.</p> <p>Patient List: patients ages 45 or older, with mean BP value, if any.</p>
29	31	Obesity Prevention and Treatment	<p>Minor change from FY02, to break out overweight from obese. Denominator: patients ages 2 and older, broken down into gender and age groups: 2-5; 6-11; 12-19; 20-24; 25-34; 35-44; 45-54; 55-74; >74.</p> <p>Numerators: 1) all patients for whom BMI can be calculated; 2) patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables; 3) patients considered obese, adults BMI ≥ 30, age 18 and under based on standard tables; 4) total overweight and obese</p> <p>Calculates BMI using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day.</p> <p>Patient List: patients for whom a BMI could NOT be calculated.</p>
A	A	Diabetes and Mental Health	<p>Same as FY02. Denominator: Active Adult Diabetes patients, defined as: <u>all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits ever.</u></p> <p>Numerator: patients with a diagnosis of depressive disorders (at least 2 visits with POV 296.0-313.1) in the past year.</p> <p>Patient List: Active Adult Diabetic patients with date and code of recent depressive diagnosis, if any.</p>

FY02 #	FY03 #	Indicator Name	General Definition
B	B	Colorectal Cancer Screening	<p>Minor age change to Denominator from FY02. Patients ages 49 and older, broken out by gender.</p> <p>Numerator 1: patients with any of the following: a Fecal Occult Blood test or Rectal Exam in the year prior to the end of the Report period; flexible sigmoidoscopy or double contrast barium enema in the last 5 years; colonoscopy in the last 10 years; recorded refusal of a rectal in the previous year.</p> <p>Numerator 2 (subset of 1): patients who have had a Fecal Occult Blood test or Rectal Exam in the year prior to the end of the Report period</p> <p><u>Rectal exam</u>: ICD procedure 89.34</p> <p><u>FOBT</u>: CPT 82274 or site-defined lab taxonomy</p> <p><u>Sigmoidoscopy</u>: ICD procedure 45.24; CPTs 45330-45334, 45336-45339, 45341, 45342, 45345</p> <p><u>Colonoscopy</u>: ICD prodedures 45.21-45.23, 45.25; CPTs 45335, 45360-45372, 45378-45380, 45382-45385, 45387</p> <p>Patient List: patients ages 51 and older, with date and code of any related test or procedure, if any.</p>
C	C-1	Patient Education: Diet and Exercise	<p>Minor changes from FY02, break out diet education from exercise education. Denominator 1: All patients.</p> <p>Denominator 2: Active Diabetic patients, defined <u>all Active Clinical patients diagnosed with diabetes at least one year prior to the Report period, who had at least 2 visits in the past year, and 2 DM-related visits everas.</u> Denominators broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, 60 and older.</p> <p>Numerators: 1) patients provided exercise education (any patient education code ending “-EX” or “-LA” or containing “OBS-“; 2) diet education (any patient education code ending “-N” or “-LA” or containing “OBS-“.</p> <p>Patient List: patients in the numerator, with date and PFE codes.</p>
	C-2	Patient Education: Medications	<p>New indicator. Denominator: All patients with Medications <u>dispensed at their facility</u> during the Report period (<u>any entry in VMed</u>).</p> <p>Numerator: patient education code of “M-I” (medication information); “M-DI” (Drug interaction); “M-FU” (Medication follow up); “M-L” (Medication patient information literature) or any PE code containing “-M”.</p> <p>Patient List: patients in the denominator, with date and PFE codes, if any.</p>
	D	Cholesterol Screening	<p>New indicator. Denominator: Patients ages 18 through 65; break out by gender.</p> <p>Numerator: Any patient with evidence of having a cholesterol screening (based on taxonomy) during the past five years, regardless of result. Site defined taxonomies; POV V77.91; CPTs 80061, 82465</p> <p>Patient List: patients in the denominator, with date and test, if any.</p>

FY02 #	FY03 #	Indicator Name	General Definition
	E-1	HIV Quality of Care	New indicator. Denominator: patients 13 and older with at least 2 visits <u>within the service area</u> within last year with HIV diagnosis AND 1 HIV visit in last 6 months (POV or Problem List codes 042.0-044.9, V08, or 795.71). Break out by gender. Numerators: Patients who received CD4 only (CPT 86361), PCR viral load only (CPT 87536, 87539), and both. Also uses site defined taxonomies
	E-2	Prenatal HIV Testing and Education	New indicator. Denominator: female patients ages 18-40 with no recorded HIV diagnosis <u>in POV or problem list</u> and with at least two prenatal visits during the previous year, one of which must be the first prenatal visit (V22.0). Numerators: 1) received HIV test during prior year, including refusals (site defined taxonomy, to include antibody 86689, 86701-86703; confirmatory test 86689; antigen 87390, 87391; 2) refusals only (subset of 1); and 3) receiving any HIV education (patient education codes containing "HIV-" or containing HIV diagnosis 042.0-044.9, V08, 795.71). Patient List: none
	F	Domestic Violence Screening	New indicator. Denominator: Female patients ages 25 to 40 at beginning of Report period. Numerator: patients screened for domestic violence, using health factors or any patient education codes containing "DV-." Patient List: women not screened.
	G	Alcohol Related Birth Defect (ARBD) <u>Screening (FAS Prevention)</u> Indicator	New indicator. Denominator: Female patients ages 25-40. Numerator: patients screened for alcohol using Health Factors (CAGE). Patient List: women not screened.
30	H	Tobacco Use and Exposure to second hand smoke: Screening and Education	Changes from FY02, added patient education to numerators. Denominator 1: all patients ages 5 and older, broken down by gender and age group: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older. Denominator 2: Pregnant women 18-49. Numerators: 1) patients screened for tobacco use in past year with health factors; 2) patients identified in past year as current tobacco users, by health factors or diagnoses (305.1* or V15.82); further broken out into smokers and smokeless tobacco users; 3) current tobacco users who have received tobacco cessation counseling in past year (patient education codes TO-QU, TO-LA or clinic code 94); 4) patients exposed to ETS, identified by health factor. Patient List: patients with any tobacco health factor or diagnosis

FY02 #	FY03 #	Indicator Name	General Definition
	I	Asthma	<p>New indicator. Denominator: All patients, broken out by age groups: <5, 5-64; >64.</p> <p>Numerators: 1) diagnosed with asthma (493.*) and at least 2 asthma-related visits in past year; and 2) hospital visits for Asthma (admission diagnosis 493.*).</p> <p>Patient List: patients in the numerator.</p>
	J-1	Cardiovascular Disease: Lipids Assessment	<p>New indicator. Denominator: All patients diagnosed with cardiac disease, defined as at least two visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.* or 414.0-414.9 recorded in the V POV file). Break down by gender</p> <p>Numerators: 1) Number of patients with a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three), whether or not the test had a valid result; 2) LDL <= 100; 3) LDL 101-130; 4) LDL 131-160; 5) LDL >160.</p> <p>Patient List: patients in the denominator with test and LDL data, if any.</p>
	J-2	Cardiovascular Disease: Hypertension Assessment	<p>New indicator. Denominator: same as J-1. Breakdown by gender.</p> <p>Numerators: 1) patients with optimal BP, <= 130/80; 2) controlled BP, >130/80 and <= 139/90; 3) uncontrolled BP, >139/90 and <= 159/100; 4) severe uncontrolled BP, >159/100; and 5) undetermined BP</p> <p>Uses the last 2 Blood Pressures documented on non-ER visits for the patient in the year prior to the end of the Report period. If there are less than 2 BP, the patient will be categorized as undetermined.</p> <p>Patient List: patients in the denominator with BP value, if any.</p>
	J-3	Cardiovascular Disease: Tobacco Use	<p>New indicator. Denominator: same as J-1. Breakdown by gender.</p> <p>Numerators: 1) Patients who have been <i>screened</i> for tobacco use in past year, determined by any tobacco health factor, ICD 305.1 or V15.82; 2) patients documented as tobacco users; 3) patients counseled on tobacco cessation, determined by patient ed codes; 4) patients in tobacco cessation programs (clinic code 94); and 5) patients documented as having quit, using health factors</p> <p>Patient List: patients in the denominator with tobacco health factor or diagnosis, if any.</p>

FY02 #	FY03 #	Indicator Name	General Definition
	J-4	Cardiovascular Disease: Obesity	<p>New indicator. Denominator: same as J-1. Breakdown by gender.</p> <p>Numerators: 1) patients for whom a BMI could be calculated; 2) considered obese, BMI =>30; total overweight (including obese), BMI => 25</p> <p>Patient List: patients in the denominator and BMI value, if any</p>
	J-5	Cardiovascular Disease: Exercise Education	<p>New indicator. Denominator: same as J-1. Breakdown by gender.</p> <p>Numerator: patients who are provided patient education about exercise during past year, determined by any Patient Ed code containing “-EX.”</p> <p>Patient List: patients in the denominator and exercise education code and date, if any.</p>
	J-6	Cardiovascular Disease and Mental Health	<p>New indicator. Denominator: same as J-1. Breakdown by gender.</p> <p>Numerator: at least two visits with depression diagnosis (purpose of visit 296.0-313.1 recorded in V POV file) in the year prior to the end of the Report period.</p> <p>Patient List: patients in the denominator and date and code of depressive diagnosis, if any.</p>